

Stephanie Ward Serial #: 09/458,899

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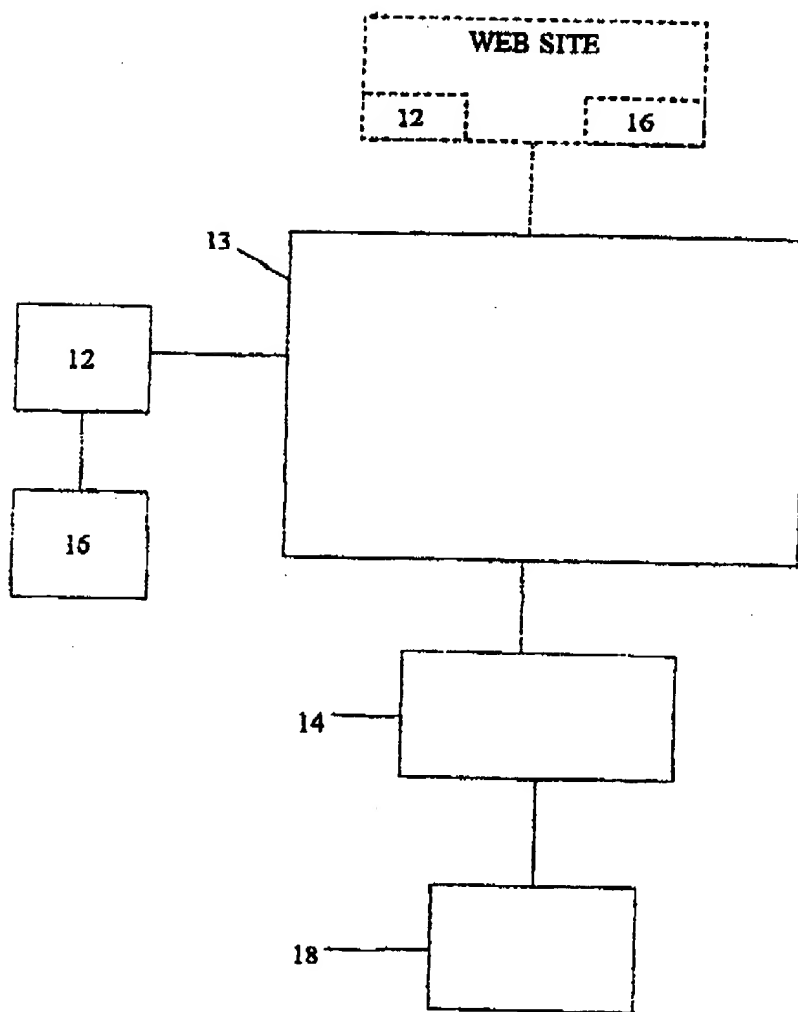


FIG. 1

QUINAGLUTE: swelling of feet & hands; dizziness & joint pain, 1298

PRUCANAMIDE: SR & PROCANBIL: 1000 mg BID; swelling of feet & hands, dizziness & joint pain, 1070Q698

SINEMET: dizzy faint LOW BP; sweating, indigestion 712598. Decreased to 1/2 pill. Now back to 1 1/2's.

HEART DISEASE: WENUS DIFFERENTIAL
TOR, 2/6/98
HERNIA: where endogenous did not develop
10/9/97
ANEURYSM: on heart wall. Dr. Michael
8/12/96
PARKINSONS: diagnosed by Dr. Green-
berg, Sonoma Valley, Rock Springs &
Article 8/1/93

DEFIBRILLATOR IMPLANT: AICD. Dr. Peumwong, RWJ. Had congestive heart failure. 2/23/98

ESOPHAGUS CANCER: Dr. Diehl, Morrisown. Partial removal. Cured. 9/12/96

ANGIOPLASTY & STENT: Dr. Mahal, Morrisown. Alacrysan on heart wall. 8/12/96

ANGIOPLASTY: Dr. Corio, Newark Beth Israel. 10/18/89

DEHYDRATION: lowered Laxix. 10/27/98
DEPRESSION: 10 mg. Paxil from approx.
2/98 to 10/98
HEART ATTACK. 11/8/89

24 2PM05-EDMTP.P:233 4-041610

[illegible]

Nitrostat	(0.4 mg tab)	Dr. Mahdi		
Tylenol				
Physicians				
Dr. Deborah Newman	908-555-0632	Family Practice	908-251-9448	Scotchville, NJ
Dr. Shuan S. Mahdi	908-555-8668	Cardiologist	908-271-8763	Brickwooder, NJ

Eckerd Pharmacy 918-555-9123 Fax. 33

NO 11-14-12. Please check that your Lifescript contains all your health information and that it is correct. Review with your physician or health care provider if there is a problem with the information, please contact us at 877-354-3333 or via our website: www.lifescript.com

Fig. 2

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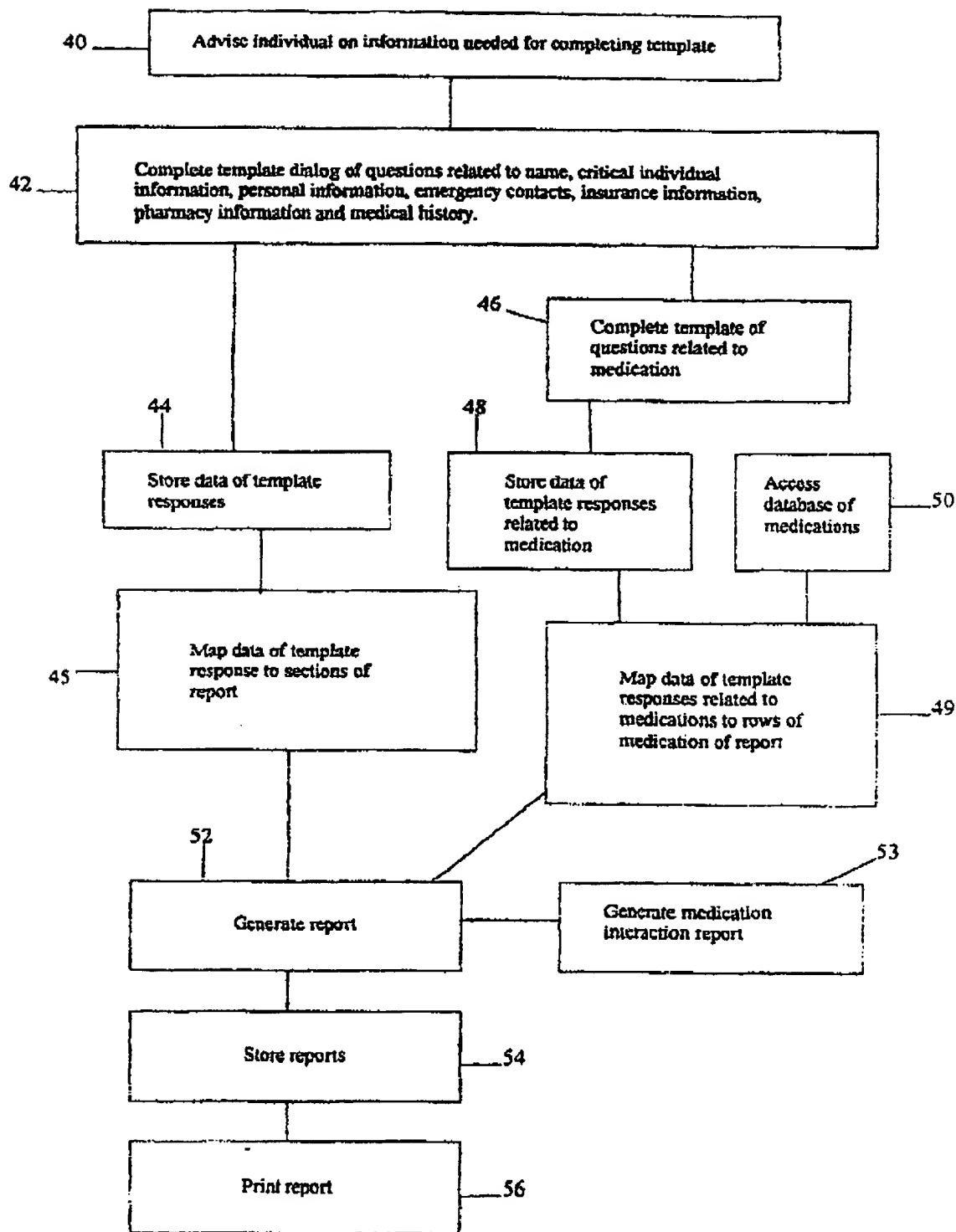


FIG. 3

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The Question & Answer Session I: (Preliminary Information) begins with:

1. What is the name of the person for whom this LifeReport is being created?
2. The birth date?
3. The permanent address?
4. The phone number?
5. The fax number?
6. The E-Mail address?
7. Is there another residence? ____ yes ____ no
If yes, questions 3 thru 7 repeated until a no answer is given.
8. The Social Security #?
9. The Blood Type?
10. The Primary Insurance Carrier?
Name: _____ Identification #: _____
Group #: _____ Phone #: _____
11. The Secondary Insurance Carrier, if any?
Name: _____ Identification #: _____
Group #: _____ Phone #: _____
12. In Case of Emergency, who should be contacted? (please limit your choices to
no more than six)

Fig. 4a

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Cont. Fig. 4a

Phone: _____ Relation: _____ day _____ evening
Phone: _____ Relation: _____ day _____ evening
Phone: _____ Relation: _____ day _____ evening
Phone: _____ Relation: _____ day _____ evening
Phone: _____ Relation: _____ day _____ evening
Phone: _____ Relation: _____ day _____ evening

13. Your Pharmacy?

Name: _____ Phone #: _____

14. Alternate Pharmacy?

Name: _____ Phone #: _____

15. The Physicians?

Name: _____ Type of Physician: _____

Address: _____

Phone #: _____ Fax #: _____

16. Is there another Physician? ____ yes ____ no

If yes, question 15 is repeated until a no answer is given.

17. Is there any Allergies?

Allergic to: _____

18. Is there another Allergy? ____ yes ____ no

If yes, question 17 is repeated until a no answer is given.

19. Is there any Medical Conditions?

Medical Condition: _____

Diagnosed by: _____ Orr: _____

20. Is there another Medical Condition? ____ yes ____ no

If yes, question 19 is repeated until a no answer is given.

21. Is there any Diseases?

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Cont. Fig. 4a

Disease: _____

Diagnosed by: _____ On: _____

22. Is there another Disease? ____ yes ____ no

If yes, question 21 is repeated until a no answer is given.

23. Was there any Surgical Procedures?

Surgical Procedure: _____

Attending Physician: _____

Date of Surgery: _____

At What Hospital: _____

Outcome: _____

24. Is there another Surgical Procedure? ____ yes ____ no

If yes, question 23 is repeated until a no answer is given.

25. Is there Medical Alerts such as Pacemakers, Defibrillators, Insulin

Dependency?

Please Describe: _____

26. Is there another Medical Alert? ____ yes ____ no

If yes, question 25 is repeated until a no answer is given.

The **Question & Answer Session I: (Preliminary Information)** is complete.

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Fig. 4b**The Question & Answer Session II: (Prescription Regimen) begins.**

Please supply the information directly from the prescription or non-prescription bottle label. Prescription drugs include non-prescription drugs, if they are prescribed by a physician.

1. What is the prescription drug?

Name: _____

Dosage: _____

Prescribing

Physician: _____

Physician's Orders: _____

Date The Prescription was Filled: _____

2. Is there another Prescription Drug? ____ yes ____ no

If yes, question 1 is repeated until a no answer is given.

3. What is the non-prescription drug?

Name: _____

Dosage taken: _____

Recommended Dosage: _____

Physician's Orders: _____

4. Is there another Non-Prescription Drug? ____ yes ____ no

If yes, question 1 is repeated until a no answer is given.

5. What is the earliest time of the day a drug will be taken or given?

6. What is the latest time of the day a drug will be taken or given?

The Question & Answer Session II: (Prescription Regimen) is complete.

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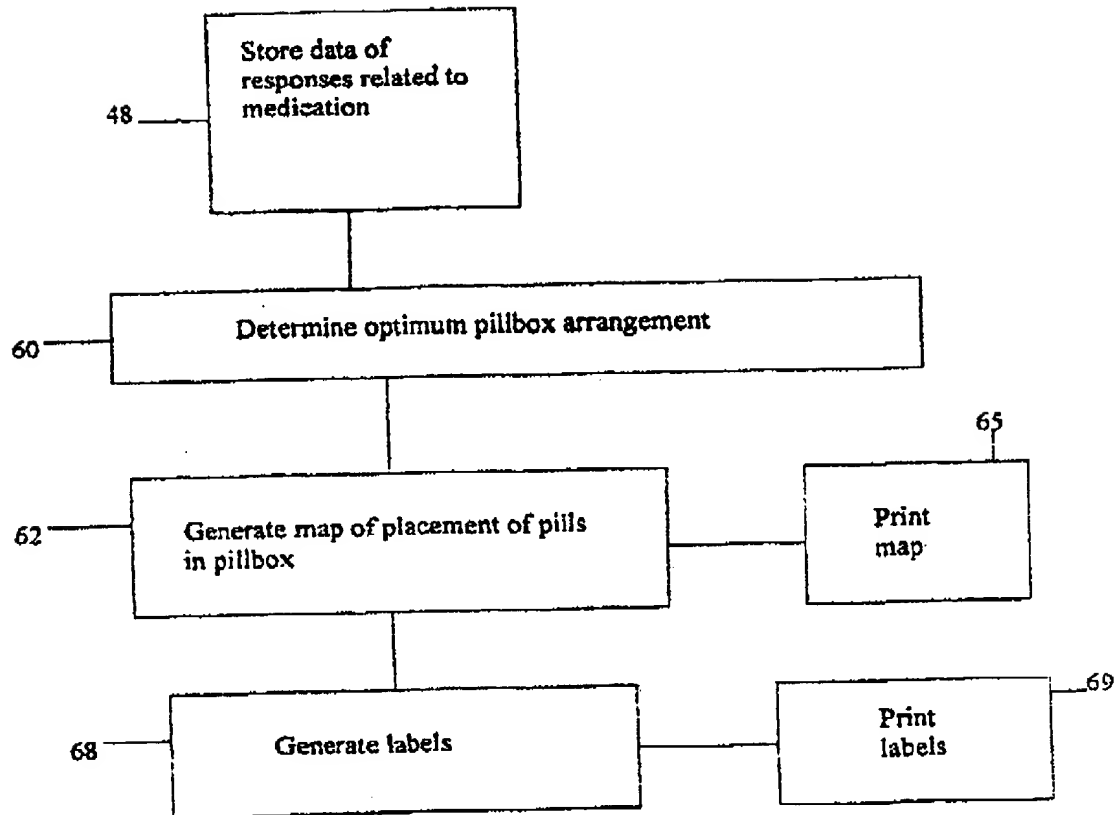


FIG. 5

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












John Smith SS#: 100-10-1000
How To Arrange Your Pillbox Your PILL BOX MAP

64

PATCH Transderm Nitro (0.2 mg/hr) Dr. Madad Apply 9 AM — Remove 9 PM

65

66

<p>EVENING 8:00 p.m.</p> <p>LASIX ⊖ 100 mg with juice</p> <p>PERCID </p> <p>CAPOTEN  empty stomach</p> <p>CLOMADIN </p> <p>SINEMET  from 1/2 to 1 pill 100/50</p> <p>AMANTADINE  to 2 pills in 12/5/98</p>	<p>MORNING Before Breakfast</p> <p>PERCID </p> <p>CAPOTEN  empty stomach</p> <p>SINEMET  from 1/2 to 1 pill 100/50</p> <p>AMANTADINE  to 2 pills in 12/5/98</p>
<p>AFTERNOON 2:00 p.m.</p> <p>SINEMET  from 1/2 to 1 pill 100/50</p> <p>CAPOTEN  empty stomach</p> <p>AMANTADINE  to 2 pills in 12/5/98</p>	<p>MORNING After Breakfast</p> <p>BABY ASPIRIN </p> <p>LANOXIN </p> <p>ABC PLUS SENIOR VITAMIN </p> <p>MAGOXIDE </p>

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Fig. 6

The HOME MEDICAL MANAGER
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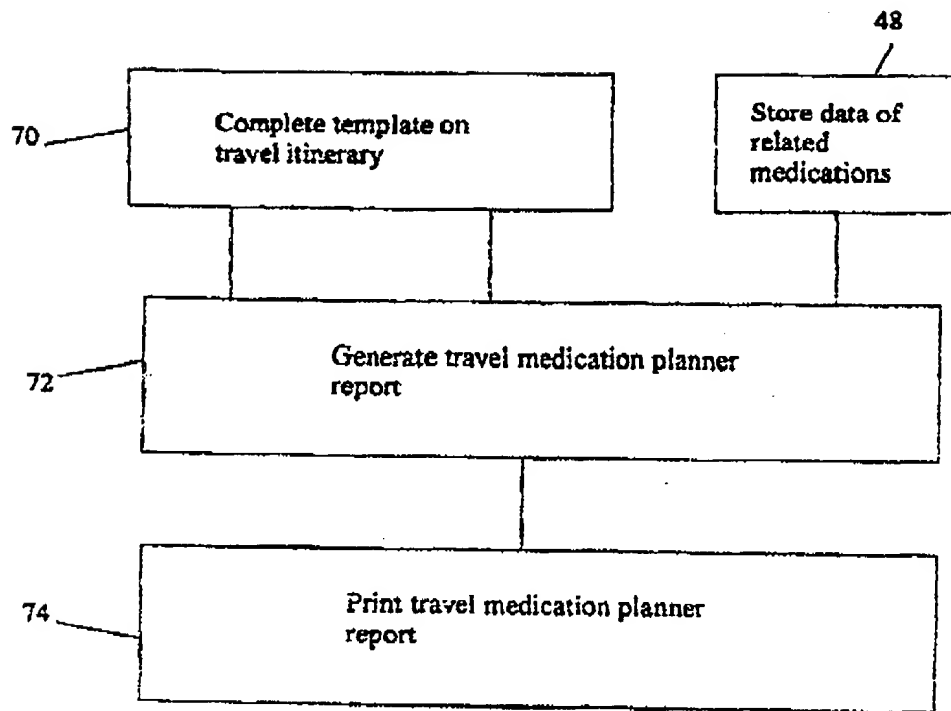


FIG. 7

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John Smith SS#: 100-10-1000

Will You Have Enough Pills for Your Trip?... Your TRIP PLANNER

Today's Date: November 15, 1999
 Trip Start Date: December 1, 1999
 Trip End Date: December 8, 1999
 Duration of Trip: 7 Days

No matter what time you leave for your trip...
 Take your trip medications starting in the morning of
 December 1, 1999.

It's a good idea to take along 1 extra in case you lose a dose or are delayed.

Medications (including Prescription & Supplemental)	24a	24b	24c	24d	24e	24f	24g	24h	24i	24j
	Date Filled	Doses per Prescription	Doses per Day	Days Left after Today	Prescription Expires On	Earliest Refill Day for Trip	Doses to Take for Trip			
<input type="checkbox"/> Pepcid (20 mg) Dr. Mohr	11/01/99	60	2	15	11/30/99	11/27/99	11			
<input type="checkbox"/> Capoten (25 mg) Dr. Mohr	11/01/99	90	3	45	12/15/99	12/08/99	21			
<input type="checkbox"/> Simvastatin (20 mg) Dr. Mohr	11/01/99	90	3	45	12/15/99	12/08/99	21			
<input type="checkbox"/> Amantadine (100 mg) Dr. Mohr	11/01/99	90	3	45	12/15/99	12/08/99	21			
<input type="checkbox"/> Minoxidil (Vitamin) Dr. Mohr	11/01/99	100	1	85	02/12/00		7			
<input type="checkbox"/> Baby Aspirin (81 mg) Dr. Mohr	10/25/99	100	1	79	01/18/00		7			
<input type="checkbox"/> Lanoxin (0.25 mg) Dr. Mohr	11/01/99	30	1	15	11/30/99	11/23/99	7			
<input type="checkbox"/> ABC Plus Senior (Vitamin) Dr. Mohr	10/01/99	100	1	64	01/08/00		7			
<input type="checkbox"/> Lasix (Furosemide) (20 mg) Dr. Mohr	11/01/99	30	1	15	11/30/99	11/23/99	7			
<input type="checkbox"/> Coumadin (5 mg) Dr. Mohr	10/20/99	30	1	4	11/18/99		7			
<input type="checkbox"/> Transderm Nitro (0.2 mg) Dr. Mohr	10/25/99	60	1	39	11/28/99	11/22/99	7			

Even though many insurance companies upon refilling prescriptions don't cover more than 2 days in advance, require to your pharmacist that you get a notice in trip and send an earlier e-mail to let us know you will have enough on hand.

Advice: Refill all needed medications at the same time... 11/20/99.

Eckerd Pharmacy 908-281-9223 Fax

The HOME MEDICAL MANAGER
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Fig. 8

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